

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT
09/416,679	10/12/99	370	2732

APPLICANT

DAVID J. STACEY, STANSTEAD ABBOTTS, UNITED KINGDOM; SIMON BRUCKHEIMER, LONDON, UNITED KINGDOM; FAI TSANG, SOUTH WOODHAM FERRERS, UNITED KINGDOM.

****CONTINUING DOMESTIC DATA*******

VERIFIED

None TLL

****371 (NAT'L STAGE) DATA*******

VERIFIED

None TLL

****FOREIGN APPLICATIONS*******

VERIFIED

None TLL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/02/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GBX	SHEETS DRAWING 9	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 5
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS	WILLIAM M LEE JR LEE-MANN SMITH MCWILLIAMS SWEENEY & OHLSON P O BOX 2786 CHICAGO IL 60690-2786	BARNES & THORN BULK	#12
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TITLE	ATM COMMON PART SUB-LAYER DEVICE AND METHOD
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FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$1,046		



UNITED STATES
PATENT AND
TRADEMARK OFFICE



Bib Data Sheet

CL

SERIAL NUMBER 09/416,679	FILING DATE 10/12/1999 RULE	CLASS 370	GROUP ART UNIT 2697	DOC 476
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APPLICANTS

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SIMON BRUCKHEIMER, LONDON, UNITED KINGDOM;
FAI TSANG, SOUTH WOODHAM FERRERS, UNITED KINGDOM;

**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**** 11/02/1999**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 9	TOTAL CLAIMS 17	INDEP^a CLA^b 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u>TL</u>				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

ATM COMMON PART SUB-LAYER DEVICE AND METHOD

FILING FEE RECEIVED 1046	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Filing of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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